HYGIENIC PRACTICES AMONG ADOLESCENT GIRLS: AN INTERVENTION STUDY OF RURAL VIJAYAPURA

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Introduction

Adolescence is the most important and sensitive period of one's life in the present situation. Adolescent problems are still underrated due to their benign nature and even health problems are relatively less contributed to total death in adolescence (Bansal,1998).Poor personal hygiene is one of the ten leading behavioral risk factors attributing to a large share of this disease burden. Promoting optimal hygiene behavior is now recognized as an issue in its own right with an understanding that adequate tooth brushing and hand washing are cost-effective ways of reducing and preventing diarrhea, trachoma, schistosomiasis, infectious, hepatitis, dental plaque and caries, periodontal disease, and other fecal-oral diseases. While poor personal hygiene practices among adolescents in low and middle-income countries are largely preventable, effective public programs must be built on profiling those most at risk and on understanding what key social and demographic factors will contribute to sustainable hygiene practices (Taran et al, 2006).

1.1 Context of the study

Adolescent Girls' health and hygiene is a significant topic of discussion necessary for the development and are gaining increasing attention in India. This means providing an environment where girls can make independent decisions on their development and adore a position equal to men in society, doing multiple roles that have been ignored. They often bear inequality, oppression, and financial dependability. Major principles supporting women's empowerment include health and well-being, education, gender equality, and respect for human rights (Mussien,1990).

1.2 Concepts related to the study

School years are a very important and remarkable period in the life of girls. They enter school probably at the age of 5/6 years and exit about 15/16 years. This is a transitional period from girlhood to womanhood. Apart from academic achievement, the girls undergo much physical, psychological, and emotional development during school. The girl's life will change in these stages according to their age factors even their thoughts also change. Someone cares about their hygiene, it is common in city life but in the rural area, the girls

donot have such awareness of the practice of hygiene. Adolescence is a sensitive period for the attainment of growth, maturity, productivity, and health (Lebourgeois,2005).

1.2 a] Concept of Hygiene

Family is the first socializing agent, value indicator, and the most effective one too. Children pick up all the desirable and undesirable social norms from their home environment. A child's relationship with the universe can be more meaningful if she develops appropriate moral values, ideals, and philosophy of life (Feixa, 2011). No child can grow in a vacuum. She needs all the elements in this environment to help her to grow, develop, and become complete, in short, to possess integrity. In a child's life, teachers, and parents have the enormous responsibility of creating whole individuals.

1.2b] Adolescent's Hygienic Practice

Hygiene practices are different from one culture to another. The terms cleanliness and hygiene are often used inter challengeable, which can confuse. In general, hygiene refers to practices that prevent the spread of disease-causing organisms. The cleaning process removes infections and microbes as well as dirt and soil and is thus often the means to achieve hygiene. In adolescence, boys and girls are not interested in washing their hands regularly, but the girls must practice hand washing after using bathrooms, toilets,etc **(**Chaturvedi et al, 1996). During the menstrual period, the infection rate will be activated for spreading at that particular time, hand washing is also known as hand hygiene, it is an act of cleaning hands with soap or hand wash and water to remove viruses or bacteria and microorganisms.

1.3] Need for the Study

Oral hygiene is the concept it includes brushing,bathing,washing their hands regularly, making them aware of washing their hands during the menstruation period, needing knowledge about washing and drying, etc. India is a developing country and according to the 2011 census, the population is 121.50 million, and 48% of the population is women including adolescent girls. In India, about 70% of Indians live in rural areas, in rural areas the place the people can't contribute their wealth to the hygienic attitude that much but not all the people but maximum people are not aware of hygiene so the environment will be influenced to practice hygiene. A maximum of the health issues are controlled by practicing washing their hands regularly because hands are the antenna for spreading disease. Adolescent hygiene practice is most important because they are the ones who build next-

generation, for this purpose, it is necessary to be aware of hygiene practices. Hygienic practice makes them talented, and they start to think about them self and they start to change day by day hygienic practice will tone up their attitudes, and behaviours (Jayashree, 2016).

1.4 Significance of the Study

Adolescents experience lots of changes during their puberty years. These include physical, emotional, and mental changes that can sometimes be overwhelming for both teens and parents. Early on, some of the most frustrating physical changes can be managed with good daily habits of personal hygiene (Khan, 2019).Some helpful tips include; Daily showers and deodorant use; Brushing and flossing; Shaving correctly, and Fingernail care respectively.

This type of healthy attitude makes adolescents adopt a healthy lifestyle. When they practice bad habits may replace good ones. Personal hygiene is a set of practices used to keep one`s body clean, promote good health, and avoid disease. However, when adolescents include certain new habits critical to the teens in developing personal hygiene. The post-discussion is important to teenagers maintaining personal hygiene, how they can do so, parents, teachers, special guide, and the role of this endeavour.

1.5 Scope of the Study

Adolescence is the phase of life between childhood and adulthood, from ages 10 to 19according to WHO, it is a unique stage of human development and an important time for laying the foundations of good health. The scope of the study is adolescent girls aged between 10 to 19 years, especially in Vijayapura Taluka.

1.6 Theoretical Framework

Hygiene practice is a personal issue for everyone but it needs to practice to keep good health conditions. The present study intends to adopt Learning Theory and Client-Centered Theory. Learning theory describes how students receive, process, and retain knowledge during learning Cognitive, emotional, and environmental influences, as well as prior experience, all play a part in how understanding, or a worldview, is acquired or changed and knowledge and skills retained (Encyclopedia of Social Work,2009).

The client-centered theory offered a new way of looking at people and their development and how people can be helped to change. From this frame of reference, people are viewed as fully in charge of their lives and the choice to change them wasseen as belonging fully to the individual. Here is a way to view and deal with human beings that did not rely on other people (counsellors, psychologists, parents, teachers, etc.) as primary directors of change if the right conditions are offered (Rowe, 2017).

2. Review of Literature

An attempt is made to review the previous related studies for conceptualization and to locate research gaps for enhancing the significance of the study. Tran and others (2006) studied on hygiene behaviour of adolescents hand hygiene is one of the most important measures available to prevent infectious diseases such as diarrhea trachoma schistosomiasis infection hepatitis even changing teeth was also playing an important role in controlling dental places and caries periodontal diseases in lower-income citizens in developing countries having poor practice in hygiene so that time the government will doing promoting work regards this. European countries most concentrated on dental hygiene adolescent girls were more conscious of dental hygiene The early study shows that wash their hands periodically before and in public places. The objective of this study was to identify the relationship between oral hygiene teeth hygiene and hand hygiene in adolescents. When studying analysis with data older than 12 years and 17 years age group of vanguard hopesto have little numbers. A complex sample logistic regression analysis was performed to determine associated between toothbrush and hand washing poultices results of this study was adolescents who brushed their teeth were practice hand washing before lunch 7 to 14 years age group and 15 to 21 age group were justified as strong school affliction moderate school the survey undusted and study all the countries belongs to pacific in each country girls brushed their teeth and washed their hands before eating and after toileting compare to boys older students having best practice in hygiene practice compare to young students the study even focused on family members attitudes and nature of job also impact in practice of hygiene in Pohnpei in students who having bad habits they did not practice hygiene-related world in delectation the adds rations adjusted for gender, grade, school type and residence were found oral hygiene practices were found to be related to personal hygiene as assessed by hand washing and tooth brushing additional studies were needed to develop ways of improving the hygiene and health of adolescent.

Shah and others (2013) studied hygiene practices among adolescent girls, the menstruation cycle was a natural process in everyone's life belonging to girls and women even though every girl had to deal with menstrual hygiene. There is a lack of awareness about the process of menstruation and proper menstrual hygiene among adolescent girls, especially from tribal backgrounds. The objectives of the study were to assess the knowledge and practice related to menstruation among tribal adolescent girls. According to 2011 cents. Twenty-five percent of the population were adolescents in India. Mensuration was a normal physiological process but the o set it's a un occurrence in adolescent girls. In this study, 164 adolescent girls were eligible from eight project villages in Gujrat including some girls who were going to school and some girls who were non-school going. A voluntary development organization conducting an awareness program in a terrible area located in Gujarat according to that organization 68 percent of this population 52 percent and 40 percent of the population were landless laborers.96 percent were in mud houses and 74 percent had electricity facilities. the organization conducted a workshop to aware of hygienic practices, anemia control, and controlling drug addiction. in this whole awareness program, the organization absorbed adolescent girls who were used to someone old clothes, falling clothes locally having too much lower awareness of using sanitary pads in the menstruation period an intervention consisted of girls aging taken range around 12 to 22 years population related to lower-income did not have basic facilities to the survival of this menstruation. The qualitative method was used to collect information on ladies or girls who were having a worrying situation in mentioning menstruation washing clothes having baths these types of problems almost they or facing. Only a few people were using sanitary pads in positive thought pre-tested and modified self-structured interview schedule was formulated and information on the knowledge related to menstruation aspects was collected the result revealed that most of the girls were in the age group of 16 to18 years. Girls were aware of different problems associated with periods of menstruation and are surrounded by myths and misconceptions with a long list which is 'do's' and don't for women. Hygiene-related practices of adolescent girls' menstruation were of considerable importance, as they may increase the vulnerability of reproductive tract infections. Most of the adolescent girls in the tribal area use rags and old clothes during menstruation. In June 2010 the govt of India proposed a new scheme for menstrual hygiene for adolescent girls. But there were various other issues like awareness of the availability and quality of napkins, regular supply, privacy, water supply, disposal of napkins, reproductive health education, and family support which needs simultaneous attention for the promotion of menstrual hygiene. This study shows that

the issues of menstrual hygiene not only from the health point of view but also considerthe social and human-human rights values involve.

Joshi and others (2015) studied on menstrual hygiene management education and empowerment for girls the study was completely focused on adolescent girls menstrual hygiene practice in this periodic time in menstruation hygiene baseline need was water sanitation and hygiene the young girls were facing problems in using menstrual items in developing countries because of lack of awareness and doesn't having facility to use that but lack of water, sanitation and hygiene these all were very impact on girls education the girls education the girls did not go to school in their periodic time because of hesitation and phobia about bleeding stains because this reason the attendance of girls were back in the school sector but in upcoming days the calipers with International non-govt organization and doners of local leaders providing sanitary pads to girls because they never leave the classes because of MHM the study considered that nutrition issues were defined by their regions culture and peoples and it completely linked with and it completely linked with peoples leaving system and education qualification in America abroad and developed country girls does not ashamed in menstrual period they were take it was natural process and even the girls having well health system but underdeveloped countries faced poverty and it should be impact on adolescent generation especial the girls were suffering health-related issue like lower of hemoglobin level in this empirical study shows that girls were leave the school in the menstrual sites in days month they leave 4 days of their periods they losing 13 days if leaving according to this study the important finding was expressed that was 20.2 percentage if peri-urban school girls were leave this school in their menstrual time means fire days in a month menstruation was sexual phenomenon when a girl in right age of 11-15 years she having first menses then it declares that she ready to marry and it's time to give birth to child but the government should protect the girls life to encourage her empowerment in the society unwed ding pregnancy does not shame on girls so these type of thought also regret the situation of girls in this study the focus group discussion hold by researches to know the problems by the girls. The girls were given an answer them they leave school on menstruation because of the lack of pads toilets so these points were also considered in depot girls some education level finally the study conclude that menstruation was a natural phenomenon and it is shown by parents school teachers and local NGO to be sexually active and most of the important thing was how the sociality means practitioners researchers and academics empowered the MHM interventions the education gives the confidence to give to evaluative themself to facing the menstruation in every one girl.

Branca(2015) studied on nutrition problems on women children and adolescent girls according to census so million children found risk form undernutrition 40 million children's found risk from overweight dietary behavior established in adolescence for long term health overweight and obesity in adolescent girls is associated with obesity in adult women which increase the risk of diabetes hypertension and infant overweight and obesity healthy eating during adolescence is important as boys changes during this time affect individuals nutritional and dietary need acceding to 2011 censes the death rate is 45 percentage and 161 million children under 54 years suffering from malnutrition and hearing low weight for height because of deficiency vitamin A Zine iron etc. the central government making policy to controlled this problem the government making several plans to do concert a healthy nation the main programmed that establish globally that is progressive towards global nutrition targets actions to need improve the nutrition in women's children's and adolescents.

Laski (2015) study conducted on realizing the health and wellbeing of adolescents it is an important stage of everyone's life and it was defined by required for productive healthy and satisfying life the global community recognized to adolescents by its need post 2015 also developed an-agenda to emulate adolescents it was evidence-based article from public consolations adolescents faced many problems regarding with health injuries and violence also in 2012 an report said that 1.3 million of adolescents died from major health problem that was injuries violence mental health and self-harm communicable and non-communication cable diseases maternal mortality and morbidity even in HIV-AIDS according to survey every day 330 adolescents was died by unrespond issues mans in accidents etc. 180 adolescents died by violence cause under 15-19 years aged adolescents 50 percent of girls in 16 years aged they were facing violence inversely by attack 30 percent of adolescents harsher by parents under again 15-19 age. Under age of 14 years adolescent mental illness due to untreated of course in 15-19 year old girl adolescents died from suicide attempt under 10-19 adolescents were died that was cause globally 10-14 years old adolescent died from communicable and non-communicable diseases that was 50-80 present having infection by intercourse of 15-19 years adolescent girls were gave birth to child it was very complicated saturation in process of girls health ratio was considered it cause mortality rate of adolescent under 10 to 19 aged were infected by HIV/AIDS.in all these critical situation the government make health education including completive sexuality education integrated health services immunization programmed and nutrition program even start to psychosocial support for sustainable development goals aged of 10-14 and 15 years aged adolescent must be changed in group and to give them health targets programmed finally the

conclusion of this study said that adopt new policies for adolescents because it directly linked with women children's health issues also developmental programmed should be conducted to stain these all situation develop the all justice violence issues that it change the situation of adolescence rapidly.

Kumar and others (2017) studied the role of parental rising practices and family demographics on oral health-related quality of life in children the objective of the study was to identify the complete health-related behavior of children within the family environment. 11-14 years of aged children were stockholders in this study as well as parents were also involved inthe study children were clinically assessed for dental caries, gingivitis, oral hygiene practices status, fluorosis and malocclusion, and malocclusion, and completed a self-related on their complete overall health hygiene practice. The questionnaire method was used to collect information and stack holders for this study were sixth-grade children and their parents. children were given answers to five questions and other questions completed by their parents. It was the first study to search for ways for parental carefor children in OHRQOL. The findings of the study where children were impacted by molecules and fluorosis in health conditions to maintain quality of life suggest that the Florida problem will affect dental-related problems and it together in OHRQOL that was in proven level. Finally, the study concludes that In OHRQOL it was a systematic way to justify the situation of children's development so the reason whywe're having positive and less power assertive when interacting with their children.

Satija et al., (2018) conducted a study on Physical Activity Among Adolescents in India. The objective of the study is to identify barriers to and enablers of PA among school children in New Delhi and examine potential differences by gender and school type (government vs. private). This study is conducted with the help of a qualitative research design. The researcher developed an FGD guide to conduct FGDs with 174 students of private and government schools in Delhi. The study conducted 16 focus group discussions with children between 12 and 17 years of age. The findings of the study show that children have discrete barriers relative to enablers and strategies. The most silent barrier found in the study was limited opportunity for physical activity. Also, the study found that the schools have inadequate resources for actively participating in the activities of schools. The study found that girl participants have a negative perception of dress code, safety, and time spent on physical activities. This study suggested Most adolescents go through this phase with little or no knowledge of hygienic practice and the body impending physical and physiological changes. India is an underdeveloped country hear discussion about sexuality

with young children is almost absent, adolescents are not prepared mentally or psychologically to cope with these changes. Adolescent girls constitute a more vulnerable group, particularly in developing countries, where they are traditionally married at a young age and exposed to a greater risk of reproductive morbidity and mortality so schools must have gender-sensitive policies for encouraging PA participation among adolescents in India.

3. Research Gap

Many global health and development initiatives call for action to improve adolescent girls' prospectus for a healthy and productive adulthood. Old research studies already focused on adolescent girls' hygiene concepts. Future studies need to access a range of personal hygiene behaviour and not just one type of hygiene behaviour. Hand washing properly is an integral part of general personal hygiene behaviour and together dental health provides an indicator of general self-care and potential disease risk given the known effectiveness of hand washing in the burden of diseases both hand washing. Government should prioritize the issue of hygiene and invest the programs to improve the population's health. It has already been studied in old research. Now how much it impacts adolescent girls' health the study must go on, it includes hygiene education and promotion of the benefits of hand washing. Education about menstrual hygiene in rural area should be implemented in all schools. Teachers should instruct the girls to follow the regular practice of menstrual hygiene in school. Studies may be replicated in other settings, especially in the community area. This study may have involved the measurement of quality of life and happiness among adolescent girls in menarche. Old research studies do not concentrate on the problem of Diarrhea and Fever when even lack of hygiene practices in adolescent girls. Adolescent girls need to know much more information about practicing personal hygiene.

4. Objectives of the Study

1] To analyse the effectiveness of planned teaching of hygiene practices among adolescent girls.

2] Compare the educational intervention on hygiene practice among adolescent girls and the impact of the knowledge and practice on the health condition.

3] Analyse the relationship among the knowledge, attitude, and practice of the respondents on hygiene practice.

4] To analyse the effectiveness of the planned teaching of the menstrual hygiene program.

5] To see the impact of the intervention on hygiene practice in terms of knowledge of adolescent girls.
6] To examine the grade difference in adolescent girls with the level of knowledge on hygiene practices.
7] To find out the level of knowledge and practice regarding hygiene and sanitation among adolescent girls.

5. Hypotheses

To test the above objectives, the following hypotheses are formulated:
1] There is a significant difference between the home environment and school environment in the practice of hygiene in adolescent girls.

2] There is a significant difference between before and after planning to teach the level of knowledge, attitude, and practice of oral hygienic practice in adolescent girls.

3] A significant modification after the planned teaching process the psychological behavior will be toned in adolescent girls.
4] After completion of the teaching process, adolescent girls get more conscious of their health issues.

6. Research Methodology

Research Design

The Intervention is a single interactive evidence-based educational session. To evaluate a brief oral health promotion intervention with adolescent girls. Aimed to change oral health care knowledge and oral health-related behaviour in adolescent girls. Design, a cohort study with pre – post-test design. The setting is 2 to 3 higher primary schools. Participants are one hundred and fifty adolescent girls (aged 10-19). In intervention, the researcher will engage a 60-minute theory-based classroom interactive educational session with adolescent girls. 8 to 10 weeks will follow the intervention.

Questionnaires Consists of three Sections

1. Personal information.
2. Household information.
3. Information on awareness about hygienic practices.

Standardized Adolescent Questionnaires Consists of Seven Sections

1. Basic information about Adolescents.
2. Information on awareness about hygiene and hygienic practice.
3. Information about the concept of hygienic practice.
4. Information on water resources to maintain hygiene.
5. Information on the economical status of adolescents' parents.
6. Personal hygiene and practice among adolescent girls.
7. Morbidity patterns among adolescents lack the practice of hygiene.

The above-mentioned are major sections in the interview schedule, apart from that the schedule is printed with a cover page and identification section. To meet the study objectives and to collect quality information, the researcher kept some open-ended and close-ended questions in the interview schedule. The data will be collected by the researcher in two aspects pre and post-testmethods.

Universe and Sample

All the items under consideration in the research constitute the population or universe of the research. Practically, it is impossible to include all the items in the investigation due to various reasons, mainly cost implications. Therefore, it is a prevalent practice in the research process to take a representative sample of the entire universe and put it to the test. In this case, adolescents are‟ the age group 10-19 years of rural, Vijayapura. India has been considered the universe. The elementary units or the group or cluster of such units may form the basis of the sampling process, which are called sampling units. A list containing all such sampling units is known as the sampling frame. Thus, the sampling frame consists of a list of items from which the sample is to be drawn. As such, this frame is either constructed by a researcher for her study or may consist of some existing list of the population. For instance, one can use a telephone directory as a frame for conducting an opinion survey in a city. Whatever the frame may be, it should be a good representative of the population.

7. Sources of Data Collection

To find sufficient and relevant information, primary and secondary data sources have been used in the present study.

Primary Source of Data

Primary data will be collected from the respondent directly by conducting Focus Group Discussions, Interviews, and Observations.

Secondary data collection

- Journals
- Reference book
- Articles
- Library sources

Pilot Study and main study

The pilot study also called a 'feasibility' study, is a small-scale preliminary study conducted before any large–scale quantitative research to evaluate the potential for a future, full-scale project. Pilot studies are a fundamental stage of the research process(Simkus, 2021).

Questionnaires are pilot testing in a small sample of adolescent girls in the target population age range (10 to 19).

Formula: $k = N/n$

N= population n= sample k= size

Data analysis

Data processing Process analysis is a systematic review of all steps and procedures followed to perform a given activity. It is a description of the way a particular task is done within a frame work. In this study, data will collect from adolescent girls two times. Time1: Baseline immediately before the intervention. Time 2: Immediately after the intervention. During the educational session, the oral researcher collect baseline data from adolescent girls in the form of a questionnaire on oral health hygiene practices among adolescent girls.

The data will analysis by using SPSS software.

CHAPTERISATION SCHEME

Chapter – 1: Introduction

This chapter will be given a brief introduction to the oral hygiene concept among adolescent girls. This chapter will be including some definitions to understand the concept of oral hygiene, health, education, disease reasons, consequences, improvement, etc. The main thing is it consists of pre and post-results of the intervention. The section will describe the importance of the study and it will provide understandable information regarding the whole study.

Chapter – 2: Review of Literature

The second chapter will be contained books, journals, articles, and websites. The reviews of the related literature study refer to more understanding of the theme of the research topic. It will provide a clear plan for the research study.

Chapter – 3: Research Methodology

This chapter will discourse on methodology. This part will be explained about research design. It will include the geographical area, a broader area, the total sampling, sampling size, and data collection tools and techniques.

Chapter – 4: Analysis and Interpretation

After collecting data, the data will be tabulated by using SPSS software. The statistical interpretation will provide the research study result with a reason to understand the need for the study. The final research result will give a clear figure about the research process done by the researcher.

Chapter – 5: Findings, Summary, Conclusion, and Suggestions

After the data tabulation, coding, and decoding, the results will be out. This chapter will give clear pictures of the findings, suggestions, and conclusions.

Limitations of the study

There is a requirement to research hygiene practices among adolescent girls and the study has some limitations.

1) The present study will conduct in only rural Vijayapura.

2) The researcher will not cover the whole population of adolescentgirls in rural Vijayapura.
3) The study will be involving only adolescent girls aged between aged 10 to 19 years.
4) The study will be covered by a focused group that is related to the research topic.

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